



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

HOOSIERS FOR AMY

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 658 0016

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

11323 LONG & SUTTON LANE

5. City, State, ZIP Code

INDIANAPOLIS, IN 46037

6. Party Affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

AMY ELIZABETH MASSILLAMANY

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

HAMILTON

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: 01-01-2011 Through: 12-31-2011

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

100.00

100.00

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

100.00

100.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

100.00

100.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

62.57

62.57

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

62.57

62.57

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

37.43

37.43

19. Debts OWED BY the committee (use Schedule D)

625.70

20. Debts OWED TO the committee (use Schedule E)

0

ATTESTATION

I, the undersigned, declare under penalty of perjury that the foregoing is true and correct.

Treasurer

Date

01-16-2012

Date

01-16-2012

or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly who fails to file a complete or accurate report as required by the Indiana may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

2012 JAN 17 AM 8:55



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(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. MARLETTO MASILLAMANY 11323 LONG SUTTON LN FISHERS, IN 46037 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	08/10/11 AUM
2. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 100.00		



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> HAMILTON COUNTY REPUBLICAN PARTY 7246 Fishers Crossing Fishers, IN 46038	Political Comm.	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>breakfast club</u>	20. ⁰⁰	20. ⁰⁰	10/19/11
Code <u>0</u> PNC Bank PO Box 600 Pittsburgh, PA 15230	financial institution	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>check printing</u>	32.57	32.57	8/25/11
Code <u>0</u> Huntington Bank PO Box 1558 EAW37 Columbus, OH 43216	financial institution	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>acct service charge</u>	2.50	2.50	9/15/11
Code <u>0</u> Huntington Bank PO Box 1558 EAW37 Columbus, OH 43216	financial institution	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>acct service charge</u>	2.50	5.00	10/15/11
Code <u>0</u> Huntington Bank PO Box 1558 EAW37 Columbus, OH 43216	financial institution	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>acct service charge</u>	2.50	7.50	11/15/11
Code <u>0</u> Huntington Bank PO Box 1558 EAW37 Columbus, OH 43216	financial institution	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>acct service charge</u>	2.50	10.00	12/15/11
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$62.57		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$62.57		



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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Amy Massillamany 11323 Long Sotton Ln. Fishers, IN 46037 LENDER'S OCCUPATION:		15.84 usps postage loan	7/7/11	0	15.84
Amy Massillamany 11323 Long Sotton Ln. Fishers, IN 46037 LENDER'S OCCUPATION:		26.03 loan vista print letterhead	7/8/11	0	41.87
Amy Massillamany 11323 Long Sotton Ln. Fishers, IN 46037 LENDER'S OCCUPATION:		171.94 loan cate press Tshirts	7/23/11	0	213.81
Amy Massillamany 11323 Long Sotton Ln. Fishers, IN 46037 LENDER'S OCCUPATION:		155.20 Meat + Greet Food loan	7/26/11	0	369.01
Amy Massillamany 11323 Long Sotton Fishers, IN 46037 LENDER'S OCCUPATION:		23.76 usps loan Postage	7/26/11	0	392.77
Amy Massillamany 11323 Long Sotton Ln. Fishers, IN 46037 LENDER'S OCCUPATION:		55.94 loan Starbucks meat + greet	7/30	0	448.71
Amy Massillamany 11323 Long Sotton Ln. Fishers, IN 46037 LENDER'S OCCUPATION:		11.58 loan Long's Drugs meat + greet	7/30	0	460.29
SUBTOTAL THIS PAGE OF SCHEDULE D					\$460.29
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$



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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Amy Messillamany 11323 Long Sutton Ln Fishers, IN 46037 <small>LENDER'S OCCUPATION:</small>		31.00	10/5/11	0	491.29
		loan meet greet			
Amy Messillamany 11323 Long Sutton Ln Fishers, IN 46037 <small>LENDER'S OCCUPATION:</small>		36.00	11/4/11	0	527.29
		loan meet greet			
Amy Messillamany 11323 Long Sutton Ln Fishers, IN 46037 <small>LENDER'S OCCUPATION:</small>		42.67	8/10/11	0	569.96
		loan meet greet			
Amy Messillamany 11323 Long Sutton Ln Fishers, IN 46037 <small>LENDER'S OCCUPATION:</small>		30.76	8/16/11	0	600.72
		loan meet greet			
Amy Messillamany 11323 Long Sutton Ln Fishers, IN 46037 <small>LENDER'S OCCUPATION:</small>		25.00	11/14/11	0	625.72
		loan meet greet			
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 1165.43
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 625.72